GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

HM& FW Department–Review the health care systems in AP- Relevance of three layer entities in the revised national scenario-Developing of two layer system in line with other States of India- Detailed study of the best practices –Specific recommendations–Constitution of Expert Committee – Orders - Issued.

HEALTH, MEDICAL AND FAMILY WELFARE (I.1) DEPARTMENT

G.O.Rt.No.242 Dated: 18.05.2021.

Read:-

The Commissioner of Health & Family Welfare, AP, proposal receivedthrough e-file computer No.1384757.

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ORDER:

In the reference read above, the Commissioner of Health & Family Welfare, AP has informed that the State of Andhra Pradesh is providing health care services to the public at Primary, Secondary and Tertiary health institutions. The primary health care is being provided by 15001 Sachivalayams, 1145 PHCs, and 259 UPHCs and first referral health care through Community Health Centres(CHC), Area Hospitals and specialty care through District Hospitals and Teaching Hospitals. Across the country, the health is being provided in two wings i.e. Primary health care and specialty health care under Director of health services and Director of medical Education. The establishment of third layer in between these two systems as APVVP with CHCs, Area Hospitals and District Hospitals has not properly integrated with definite service areas and referral linkages. At many instances, the multiple control of health services at field level have jeopardizing the activities to be carried out at the community level. The medical officers who join in the Primary Health centres having post graduation diploma/degree or on acquiring the post graduation qualification as in service candidates are moving to APVVP or DME from APVVP and certain individuals are joining medical education through lateral entry. This movement of individuals is affecting the health care delivery at field level.

2. He has also informed that the Government of India has established National Heath Mission and funding the health care activities taken up by the State in the ratio of 60:40 and these activities are being monitored periodically. Due to lack of single line of administration at filed level, many activities are loosing the attention at the district, sub district and community level and expected outcomes are getting effected. The National Board of Examination (NBE) is permitting for post graduate medical education in various specialties and there loss of opportunity in getting the DNB seats as timely action not taken by the District and Area Hospitals, as they are basically confined to patient care and lack of integration with Medical Education. He has therefore requested the Govt. to constitute a Committee in the matter.

(Contd..2.)

3. Government after careful examination of the matter, hereby constitute the Committee with the following senior officers and Advisors to Government, to study, develop an integrated model and suggest the measure to be taken to deliver the health services in effective manner:

Sl.No.	Name of the Officer	Role/ capacity
1	Dr.B.Sambasiva Reddy, Chairman, AP Medical Council	Chairperson
2	Dr.Chandra Sekhar Reddy , Chairman, APMSIDC	Member
3	Dr. M.Raghavendra Rao, Director of Medical Education	Member
4	Dr. Geetha Prasadini, DPHFW, A.P.,	Member
5	The Commissioner, APVVP	Member
6	Deputy Secretary to Government, HM&FW dept.	Member
7	Sri G.Vasudeva Rao, Additional Director, O/o.CH&FW	Member - Convenor

4. The following is the Terms-of-Reference of the Committee :

a. The Principal objective of the committee is to make recommendations for integration of services at field level under Primary health care and specialty health care.
b. Conduct detailed study of the health care delivery systems in other States, their interdependent activities and referral managements, best practices and make specific, relevant to Andhra Pradesh conditions and those could be implementable recommendations.
c. Develop systems for integration of Human Resources among the existing three systems (DPHFW, APVVP and DME) and develop integrated service rules without any legal complications.
d. Examine the integration of all Community Health centres, Area Hospitals with Directorate of Public Health and integration of all District and specialty hospitals with Directorate of Medical Education.
e. Develop systems for hassle free referral management integration among the existing health delivery units after re grouping into two wings.
f. Providing services such as SADAREM, Dialysis, trauma care, pain & palliative care and other services with mentoring approach between two wings.
g. Recommend to strengthen the technical capacities of District level Health administration.
h. Conduct Health & Wellness activities at all health facilities except teaching hospitals.

5. The Committee constituted at para (3) above, shall undertake extensive field visits, hold workshops, conduct focus ground discussions and interact with a wide cross section of the stakeholders before finalizing the report and shall submit its report within four weeks from its first meeting, which will be convened by the Chairperson. The Committee shall decide to conduct any consultations for its work and co-opt any specialist/s as deemed appropriate and shall have access to all information/staff/facilities of the AP Health Department.

(Contd..3)

6. The expenditure and Honorarium for the Committee shall be borne by the Health Department from the budget released for innovations under NHM.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

ANIL KUMAR SINGHAL
PRINCIPAL SECRETARY TO GOVERNMENT

To
All the Members through the Commissioner of Health & Family Welfare, A.P., Mangalagiri.

Copy to:
The CH&FW, A.P., Mangalagiri
The DPH&FW, A.P., Vijayawada
The Commissioner, APVVP, Vijayawada.
The PS to Addl.Secretary to CM.
The PS to Chief Secretary
The PS to Prl.Secretary to Government, HM&FW Department.
SF/SC.

// FORWARDED:: BY ORDER //

SECTION OFFICER